

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12	4/9
FORMALITY REVIEW	ET	996	05-29-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
" ..... Allowed      I ..... Interference  
(Through numeral) ... Canceled      A ..... Appeal  
- ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	11/11/02
2	11/12/03
3	11/14/03
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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